

SALINA-SALINE COUNTY ENVIRONMENTAL DEPARTMENT

Food Service Establishment Plan Review Application

FACILITY CONSTRUCTION AND EQUIPMENT LAYOUT

This section should be filled out by someone familiar with the facility construction and equipment layout.
Failure to fill this out correctly will delay the plan review process.

____ New ____ Remodel ____ Conversion

Date: _____

Name of Establishment: _____

Address: _____

Establishment phone: _____ Contact phone: _____

Name of Owner: _____

Mailing Address: _____

Name of applicant: _____ Phone: _____

Title of applicant: _____

Proposed construction start date: _____ Proposed end date: _____

FACILITY INFORMATION

Number of Seats: _____ Total square feet of facility: _____

Please enclose the following documents:

1. Manufacturer specification sheets for each piece of equipment shown on the plan.
2. Site plan showing location of business in building, location of building on site, including alleys, streets, and location of any outside facilities (dumpsters, etc.)
3. Plan drawn to scale of facility showing location of equipment, plumbing, electrical services, and mechanical ventilation, 1/4 inch = 1 foot minimum.

The plans should include the following:

- The location and, when requested, elevated drawings of all food service equipment. Each piece of equipment shall be clearly labeled on the plan with its common name. Submit drawings of self-service hot and cold holding units with sneeze guards.
- Facilities for adequate rapid cooling, including ice baths and refrigeration; and hot-holding facilities for potentially hazardous foods. These pieces of equipment shall be labeled clearly.
- Labeled and correctly located, separate raw and ready-to-eat food preparation sinks when menu dictates to preclude contamination and cross-contamination.
- Adequate handwashing facilities for each toilet facility, dishwashing area, and in the immediate area of food preparation.
- The room size, aisle space, space between and behind equipment and the placement of the equipment on the floor.

- On the plan, represent auxiliary areas such as storage rooms, garbage rooms, toilets, basements and/or cellars, used for storage or food preparation and show all features of these rooms.
- Include on the plan and specifications for:
 1. Entrances, exists, loading/unloading areas and docks.
 2. Complete finish schedules for each room to include floors, walls, ceilings and coved juncture bases.
 3. Plumbing schedule to include location of floor drains, floor sinks and water supply lines, overhead waste waterlines, hot water generating equipment with capacity and recovery rate, backflow prevention, wastewater line connections.
 4. Lighting schedule with protectors; food contact surfaces = 50 foot-candles (540 lux); all other areas = 20 foot-candles (220 lux); during periods of cleaning, walk-in coolers, dry storage = 10 foot-candles (110 lux).
 5. Equipment schedule to include make and model numbers of all food service equipment.
 6. Source of water supply and method of sewage disposal. Provide the location of these facilities and submit evidence that state and local regulations are complied with.
 7. Ventilation Schedule for each room.
 8. A mop sink.
 9. Garbage can washing area/facility.
 10. Cabinets for storing toxic chemicals.
 11. Dressing rooms, locker areas, employee rest areas, and/or coat rack as required.
 12. Site plan (plot plan).

In the following table fill in materials used (i.e. quarry tiles, stainless steel, 4" plastic coved molding, etc.):

Room/Area	Floor	Coving	Walls	Ceiling
Kitchen				
Bar				
Food Storage				
Other Storage				
Toilet Storage				
Dressing Rooms				
Garbage & Refuse Storage				
Mop Service Basin				
Dishwashing Area				

Insect and Rodent Harborage:

Please check appropriate boxes in the following tables:

Question	Yes	No	N/A
Are all outside doors self-closing with rodent proof flashing?			
Are screen doors provided on all outside entrances?			
Do all windows that open have a minimum of #16 mesh screening?			
Are all pipes & electrical conduit chases sealed; ventilation systems exhaust and intakes protected?			
Is area around building clean of unnecessary brush, litter, boxes and other harborage?			
Are air curtains used? If so, where?			

Are floor drains provided & easily cleanable? If so, indicate locations:

Water Supply:

Is water supply public or private? _____

If private, has source been approved? _____ Please attach a copy of written approval and/or permit.

Is ice made on premises or purchased commercially? _____

If made on premises, are specifications of machine provided? _____

Sewage Disposal:

Is building connected to municipal sewer or private sewer? _____ Please attach copy of written approval and/or permit.

Dressing Rooms:

Are separate dressing rooms provided? _____

Describe storage facilities for employees' personal belongings (i.e., purse, coats, boots, umbrellas, etc.)

General:

Indicate all areas where exhaust hoods are installed: _____

When equipment is to be put under the hood(s)? _____

Sinks:

Is a separate mop sink present? _____

If the menu dictates, is a separate food preparation sink present? _____

Is there a handwashing sink in each food preparation and warewashing area? _____

Do all handwashing sinks, including those in the restrooms, have a mixing valve or combination faucet?

Do self-closing metering faucets provide a flow of water for at least 15 seconds without the need to reactive the faucet? _____

Is hot and cold running water under pressure available at each hand washing sink? _____

Are soap dispensers (wall mounted, individual free standing pump dispensers) available at all handwashing sinks? _____

Are hand drying facilities (paper towels, air blower, etc.) available at all handwashing sinks? _____

Dishwashing Facilities:

Will an automatic dishwasher be used for warewashing? _____ (If yes, a three compartment sink will also be required.)

What type of sanitization will be used by the dishwasher? (hot water, chemical) _____

Is ventilation provided for the dishwasher? _____

Do all dish machines have temperature/pressure gauges as required that are accurately working? _____

Is hot water generator sufficient for the needs of the establishment? _____

Does the largest pot and pan fit into each compartment of the 3-compartment sink? _____

Are there drain boards on both ends of the 3-compartment sink? _____

Note: 3-compartment sink vats will have rounded corners at the bottoms of the vats.

Restrooms:

Are covered waste receptacles available in the women's restrooms? _____

Are all toilet room doors self-closing? _____

Are all toilet rooms equipped with adequate ventilation? _____

STATEMENT: I hereby certify that the above information is correct, and I fully understand that any deviation from the above without prior permission from Salina-Saline County Environmental Department may nullify the approval.

Signature(s) _____

Date: _____

(Owner(s) or responsible representative (s))

Approval of these plans and specification by the Salina-Saline County Environmental Department does not indicate compliance with any other code, law or regulation that may be required (federal, state, or local). It further does not constitute endorsement or acceptance of the completed establishment (structure or equipment). A pre-opening inspection of the establishment with equipment will be necessary to determine if it complies with the local and state laws governing food service establishments.

SALINA-SALINE COUNTY ENVIRONMENTAL DEPARTMENT

Food Service Establishment Plan Review

Food Handling, Procedures, and Flow of Food

This section should be filled out by someone familiar with the facility, food handling, and other operational procedures.

Please answer completely and accurately.

Failure to fill out correctly will delay the plan review process.

Date: _____

Name of establishment: _____

Address: _____

Establishment phone: _____ Contact phone: _____

Name of owner: _____

Mailing address: _____

Name of applicant: _____ Title: _____

Applicant's phone: _____ Fax: _____

Type of foodservice:

(check all that apply)

Sit down meals _____

Take out _____

Caterer _____

Other _____

Hours of Operation:

Sunday _____

Monday _____

Tuesday _____

Wednesday _____

Thursday _____

Friday _____

Saturday _____

Number of staff: _____ (Maximum per shift)

Maximum meals to be served: Breakfast _____

(Approximate number) Lunch _____

Dinner _____

Please enclose the following documents:

1. Proposed Menu
2. Completed Plan Review Documents (2), "Facility Construction and Equipment Layout", and "Food Handling, Procedures and Flow of Food"

FOOD PREPARATION REVIEW

Check categories of Potentially Hazardous Foods (PHF's) to be handled, prepared and served.

Category	Yes	No
Cut up poultry, fish, eggs, hamburger, sliced meat, any type of fillet		
Whole turkey, prime rib, roast beef, chicken, ham		
Cold processed foods (salads, sandwiches, vegetables)		
Hot processed foods (soups, stews, chowders, casseroles)		
Bakery goods (pie, custard, cream-filled)		
Raw meats or seafood (tar-tar, oysters, sushi)		
Wild game, ratites, comminuted meat		
Others _____		

Food supplies:

Are all food supplies from inspected and approved sources? _____

Cold Storage:

Is adequate and approved freezer and refrigeration available to store frozen foods to 0°F and below, and refrigerate foods at 41°F and below? _____

Will raw meats, poultry and seafood be stored in the same refrigerators and freezers with cooked/ready-to-eat foods? _____

If yes, how will cross-contamination be prevented? _____

Does each refrigerator/freezer have thermometer? _____

Number of refrigeration units: _____

Number of freezer units: _____

Is there a bulk ice machine available? _____

Thawing:

Please indicate by checking the appropriate boxes how potentially hazardous foods (PHF's) in each category will be thawed. More than one method may apply.

Method	Thick Meats	Thin Meats	Cold Foods	Hot Foods	Baked Goods
Refrigeration					
Running water (less than 70°F)					
Microwave (as part of the cooking process)					
Cooked from frozen state					
Other (described)					

Cooking:

Will food product thermometers 0°F - 212°F) be used to measure final cooking/reheating temperatures of PHF's? _____

The following is a list of the minimum cooking times and temperatures for PHF's:

Foods	Minimum Internal Temperature and Time Requirements
Beef Roasts	130°F (121) min
Eggs, Fish, Pork, Other PHF's	145°F (15 sec)
Comminuted meat, ground beef, Ratites	155°F (15 sec)
Poultry, Wild Game, Stuffed Items	165°F (15 sec)
Microwave Cooking	165°F (in all parts of the food, and allowed to stand covered for 2 minutes for temperature to equalize)
Reheated PHF's	165°F (15 sec)

List types of cooking equipment: _____

Hot/Cold Holding:

How will hot PHF's be maintained at 140°F and above during holding for service? Indicate type and number of hot holding units (i.e. steam tables, baine maries, soup pots).

How will cold PHF's be maintained at 41°F and below during holding for service? Indicate type and number of cold holding units (i.e. salad bars, reach-ins, walk-ins).

Cooling:

Please indicate by checking the appropriate boxes how hot PHF's will be cooled from 140°F to 70°F within 2 hours and from 70°F to 41°F within 4 hours.

Method	Thick Meats	Thin Meats	Soups, casseroles, etc.	Baked Goods
Shallow Pans				
Ice Baths				
Reduce volume				
Rapid Chill				
Other (describe)				

Preparation:

Please list foods prepared more than 12 hours in advance of service:

Date marking of ready-to-eat, potentially hazardous food, refrigerated for more than 24 hours will be accomplished by? _____

What provisions are made to ensure that the person-in-charge at the facility is knowledgeable about food safety? Will employees be trained in good food sanitation practices using a certified food service sanitation course? _____ If Yes, name of the course: _____

Will disposable gloves and/or utensils and/or food grade paper be used to eliminate handling of ready-to-eat foods? _____

Is there an established policy to exclude or restrict food workers who are sick or have infected cuts and lesions? _____ If yes, please describe briefly: _____

How will booking equipment, cutting boards, counter tops and other food contact surfaces which cannot be submerged in sinks or put through a dishwasher be sanitized i.e. cleaned-in-place?

Chemical used: _____ Concentration: _____ Test Kit provided: _____

Will ingredients for cold ready-to-eat foods such as tuna, mayonnaise, and eggs for salads and sandwiches be **pre-chilled** before mixed and/or assembled? _____ If not, how will the finished product be chilled to 41°F quickly? _____

_____ (Note: Just putting the finished product into the refrigerator units may not be adequate [41°F in 4 hours or less].)

Will all produce be washed prior to use? _____ Is there an approved location used for washing produce? _____ Describe: _____

Describe the procedure used for minimizing the length of time PHF's will be kept in the temperature danger zone (41°F to 140°F) during preparation.

General:

Are there facilities for clean linen storage: _____

Are there facilities for dirty linen storage: _____

Are insecticides/rodenticides stored separately from cleaning & sanitizing agents? _____

Are all toxics for use on premises, including personal medications, stored away from food preparation and storage areas? _____ (Note: A toxic is any substance you would not eat, including hand lotions.)

Are all containers of toxics, including sanitizing spray bottles, clearly labeled? _____

Are food grade containers being used to store bulk food products? _____

What provisions are made for sanitary ice scoop storage? _____

Describe provisions you will make to ensure that ice intended for customers' drinks will not be in direct contact with the cold plate used to cool soda pop. _____

Dishwashing:

What type of sanitizer is used?

Chlorine _____

Iodine _____

Quaternary Ammonium Compounds _____

Hot water _____

Other _____ Type: _____

Are test papers and/or kits available (in the facility) for checking sanitizer concentration? _____

Dry Good Storage:

Is the projected frequency of deliveries specified? _____

Is appropriate dry goods storage space provided for menu items, meals and frequent deliveries? _____

Handwashing:

Are soap and paper towel dispensers at every hand sink in the facility? _____

Are hand washing signs posted by hand sinks? _____ If you would like some of these, please contact our office.)

Are employees told **exactly** when, where, and how to wash their hands during preparation, cooking, service, and clean-up procedures? _____

What provisions are made for, **NO** bare hand contact with ready-to-eat foods?

* * * * *

STATEMENT: I hereby certify that the above information is correct, and I fully understand that any deviation from the above without prior permission from Salina-Saline County Environmental Department may nullify the approval.

Signature(s) _____

Date: _____

(owner(s) or responsible representative(s))

* * * * *

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